

AE

AO 240 (1/94)

FILED**United States District Court**

DISTRICT OF _____

NOV 09 2007 *aw*

NOV 09 2007

Plaintiff

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

V.

Defendant

CAROL VANCE, D.O.H.C., DR. JOVITA ANYANWU, MED. DIR.
ADDUS HEALTHCARE, INC.**APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT**

07cv6377

c JUDGE KOCORAS
MAG. JUDGE DENLOWI, STEVEN A. EHRLICH

declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?: ☒ Yes ☐ No (If "No" go to Part 2)

If "Yes" state the place of your incarceration DEPARTMENT OF HUMAN SERVICES, TREATMENT AND
DETENTION FACILITY, RUSHVILLE, ILLINOIS

Are you employed at the institution? YES Do you receive any payment from the institution? NO

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions. U.S. DISTRICT COURT
NORTHERN DISTRICT PREVIOUSLY
RULED P.L.R.A. DOES NOT APPLY TO
DETAINED CIVILIANS

2. Are you currently employed? ☐ Yes ☒ No

- a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

N/A

- b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

INTERWHEEL, INC., PRINCETON, IL. 1995, DO NOT REMEMBER RATE OF PAY

3. In the past 12 twelve months have your received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

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4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value.

N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

NO ONE

I declare under penalty of perjury that the above information is true and correct.

11-05-07

DATE

SIGNATURE OF APPLICANT

THE U. S. DISTRICT COURT, NORTHERN DISTRICT, ON 2-22-02, RULED THAT THE P.L.R.A. DOES NOT APPLIED TO DETAINED CIVILIANS AND THEREFORE DOES NOT APPLY TO ME.
I AM DETAINED PURSUANT TO 725 ILCS 207/1 ET. SEQ.

CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ _____ on account to his/her credit at (name of institution) _____. I further certify that the applicant has the following securities to his/her credit: _____
_____. I further certify that during the past six months the applicant's average balance was \$ _____

DATE

SIGNATURE OF AUTHORIZED OFFICER

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

STEVEN A. EHRLICH,

Plaintiff


v

MS. CAROL VANCE, DIRECTOR OF HEALTH
CARE, DR. JOVITA ANYANWU, MEDICAL
DIRECTOR, ADDUS HEALTHCARE, INC.,

Defendants


NOTICE OF FILING

TO: Mr. Michael Dobbins, Clerk of the Court, United States District Court,
Northern District of Illinois, 219 S. Dearborn St., Chicago, Il. 60604


Steven A. Ehrlich
Plaintiff, pro-se
R. R. 1, Box 6A
Rushville, Il. 62681-9788

CERTIFICATE OF SERVICE

I, Steven A. Ehrlich, Plaintiff, pro-se, certifies that I mailed the enclosed USC Title 42 §1983 to the abovenamed individual in a sealed envelope by depositing said envelope in the United States Mail at the Department of Human Services Treatment & Detention Facility, R. R. 1, Box 6A, 20 Horney Branch Rd., Rushville, Il. 62681-9788 on the 5th day of November, 2007.


Steven A. Ehrlich
Plaintiff, pro-se